DEGREE/DIPLOMA APPLICATION

Student Name:	Sophie)		Watson		
, cuacità i (unito)	First		Middle	Last	Suffix	
Please select how	v your nar	ne will appe	ear on your diploma.			
		Us	se full middle name se middle initial o middle name or initial			
Please print your	name as	you would	like it to appear in the Co	ommencement Program	and on your name card.	
	Sophic	e Watson				
Address to mail	Diploma	:				
	Street 584 Clark Rd					
	City	Dearborn	1			
	State	Michiga	n			
	Zip	48127				
College						
	□ Colle	ge or Arts, S	Sciences, and Letters	☐ College of Education, Health, and Human Services		
	□ Colle	ge of Busine	ess	✓ College of Engineering and Computer Science		
			If you are expecting a de you must complete a	egree from more than of separate application for	<u> </u>	
Graduation Mo						
	▼ April/	May	☐ August	☐ December	20_23	
Degree and Maj						
	Degree Expected Bachelor of Science					
	Major	Communitor Science				
					ication fee (cash or check) will be the student is graduating.	pe required for a
					anscript to make sure all informed and NO CHANGES will be	
Student Signatur	, S	anhin l	Dataon.		Date 12/2/20	22

Date

Student Signature